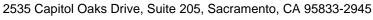
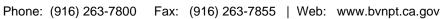


DEPARTMENT OF CONSUMER AFFAIRS



BOARD OF VOCATIONAL NURSING & PSYCHIATRIC TECHNICIANS







EMPLOYER MANDATORY REPORTING FORM

Pursuant to Business and Professions Code (Code) sections 2878.1 and 4521.2, any employer of a licensed vocational nurse (LVN) or psychiatric technician (PT) shall report to the Board of Vocational Nursing and Psychiatric Technicians (Board) the suspension or termination for cause of any LVN or PT in their employ. The report shall be made within 30 days of the suspension/termination. Failure to make a report is punishable by an administrative fine of up to \$10,000 per violation. The information reported or disclosed shall be kept confidential except as provided in subdivision (c) of section 800 of the Code, and shall not be subject to discovery in civil cases. No person shall incur any civil penalty as a result of submitting any required report (Code sections 2878.1 (e) and 4521.2 (e) and Civil Code Section 43.8).

	EMPLO?	YER REPO	RTING I	NFORMA	TION		
Full Name	First			Last			
Title							
Business Name							
Business Address	Street Address	3		City		State	Zip Code
Telephone Numbers	Home: ()	Work: ()	Cell: ()	
	LICENSI	E SUSPE	NDED OR	TERMIN	ATED		
Full Name	First			Last			
License Number							
Address	Street Address	3		City		State	Zip Code
Telephone Numbers	Home: ()	Work: ()	Cell: ()	
]	REASON FOR	THE SUS	PENSION	OR TERM	MINAT	ION	
Please mark all appli	icable boxes that l	est describe i	he incident((s):			
 □ Use of controlled subst □ Falsification of medica □ Gross negligence or inc □ Other (please describe): 	l records ompetence	ds Patient neglect, physical harm, or sexual contact with a patient					
	LOCATIO	ON AND D	ATE(S) O	F INCIDE	ENT(S)		
Location	Hospital Home	Other					
Business Name (If applicable)							
Address Incident Occurred	Street Address			City		State	Zip Code
Date(s) of Incident							

DESCRIPTION OF INCIDENT					
	(Please use additional sheets,	if necessary)			
	WITNESS INFORM	IATION			
If there were any witnesses	to the incident, please provide the following infor	mation:			
Witness #1 Name:	Witness #2 Name:	Witness #3 Name:			
Title:	Title:	Title:			
Phone #:	Phone #:	Phone #:			
Business:	Business:	Business:			
Address:	Address:	Address:			
	ENT REPORTED TO OTHER IN rted to another individual or entity, please provid	e the following information for each individual or			
Name:	Name:	Name:			
Phone #:	Phone #:	Phone #:			
Date Reported:	Date Reported:	Date Reported:			
Action Taken:	Action Taken:	Action Taken:			
	ATTACHMEN	NTS			
Please attach the follow	wing supporting documentation relevant	to the incident(s):			
√ All documentation regard	ding suspension or termination	√ Drug/alcohol test results			
√ Personnel file (all perform	mance issues related to suspension/termination)	√ Employee duty statement			
$\sqrt{\text{Work schedule \& assign}}$	ment sheets	Any other supporting documentation			
	irements are not deemed complete until all perti- vived by the Board. Additional documentation m				
the foregoing informatio	on is true and correct and that any docur	California that to the best of my knowledg nents attached are true copies. I am awar			
that, if any statements m	nade by me are knowingly false, I may be	subject to punishment.			
Signature		Date			